

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8017

State File No.

Registrar's No.

Registration District No. 379

Primary Registration District No. 4558

1. PLACE OF DEATH:

- (a) County WRIGHT
(b) City or town MANSEFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 62 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME MALISSA E. Coday

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Feb 15 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 0 If less than one day None hr. None min.

9. Birthplace WRIGHT CO MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business

12. Name Eli Coday
13. Birthplace WRIGHT CO MO.
(City, town, or county) (State or foreign country)
14. Maiden name ELISIE YAGER
15. Birthplace ROCK CO. TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Andy Miller
(b) Address MANSEFIELD MO
17. (a) BURIAL (b) Date thereof FEB 17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANSEFIELD CEM.

18. (a) Signature of funeral director W. H. Shipp

(b) Address MANSEFIELD MO

19. (a) FEB 20-1943 (b) S. L. Hensley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County WRIGHT
(c) City or town MANSEFIELD
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

- (e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 15 1943 to Feb 15 1943
that I last saw him alive on Feb 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Influenza

Due to None

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature W. H. Shipp (M. D. or other) 2 DO
Address MANSEFIELD MO Date signed 2/17/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1267

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3221

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.